Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED	
		HAL055004	B. WING		07/2	1/2016
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-	
NORTH BROOK REST HOME 1611 NOR VALE, NC			III SHCOOL ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report of a Biennia Miller on July 21, 20	I Construction Survey by Ed 016.				
	Inc. facility was first Therefore, we are reference the 1987 Rules of Final Disabled (Minimum and Infirm "Minimum Regulations and the 2005 Regulations for more Beds. The Building Code Volus Section-409 Institut licensed for TWELY Deficiencies were recorrection.	noted which require a Plan of				
C 133	rooms are: (6) Hand grips sha commodes, tubs ar accessible to reside. This Rule is not me 1. Based on obse provide commodes to residents with ha affects all residents not providing increase.	PHYSICAL PLANT 05 PHYSICAL Ints for bathrooms and toilet If be installed at all and showers used by or ents; et as evidenced by: rvation, the facility failed to , tubs and showers accessible and grips. This deficiency who use theses fixtures by ased safety, controlled against and maneuverability at the	C 133			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY	
		HAL055004	B. WING		07/2	21/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
NORTH I	BROOK REST HOME	1611 NOR VALE, NC		III SHCOOL ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 133	Continued From pa	age 1	C 133			
	a. Bedroom 1 Bat loose bottom suppo	throom - the shower grip had a ort.				
C 150	Corridors-Free of e	equipment and Obstructions	C 150			
	(4) Corridors shall other obstructions. This Rule is not med 1. Based on obset of all equipment an would affect all resislowing or obstruct emergency. Findings on July 21 a. Front Entrance	nts for corridors are: be free of all equipment and et as evidenced by: rvation, corridors were not free d other obstructions. This idents, staff and visitors by ing egress during an				
C 160	Outside Premises-	Clean, Safe	C 160			
	(1) The outside grofacilities shall be m condition; This Rule is not me	ents for outside premises are: bunds of new and existing aintained in a clean and safe et as evidenced by:				
	1. Based on obse	ervation, the outside grounds d in a clean and safe				

Division of Health Service Regulation

STATE FORM 6899 6Y4F21 If continuation sheet 2 of 8

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(3) DATE SURVEY COMPLETED	
		HAL055004	B. WING		07/2	1/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
NORTH	BROOK REST HOME	1611 NOR VALE, NC		III SHCOOL ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 160	a. Right Entrance the porch and had developed. b. Left Entrance - porch had peeling pc. Left Entrance - building was loose. missing about 1/3 c	- the metal post supporting rail had peeling paint and rust the metal post supporting the paint and rust had developed. the wooden post against the In addition the guard rail was of its middle.	C 160			
C 164	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of (e) This Rule shall facilities. This Rule is not me 1. Based on Obsekeep walls, ceilings furniture clean and Findings on July 21 a. Right Porch - the missing. b. Staff/Visitor Re falling out of the ceil c. Pool Table Roo paint peeling. d. Bedroom 1 - the for the single occup e. Bedroom 2 - the for the single occup	es shall: ings, and floors or floor n and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing et as evidenced by: ervation, the facility failed to , floors or floor coverings and in good repair. , 2016: ne globe to the light fixture was estroom - the exhaust fan was fling. m - the Bathroom door had ere was no chair in the room, by. ere was 1 chair in the room, oy. ere was 1 chair in the room,	C 164			

6899

Division of Health Service Regulation STATE FORM

_ ` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL055004	B. WING		07/2	1/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
NORTH I	BROOK REST HOME	1611 NOR VALE, NC		III SHCOOL ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 164	g. Bedroom 4 - th	ere was 3 chairs in the room,	C 164			
	for the four occupies. h. Bedroom 5 - there was 1 chair in the room, for the three occupies.					
C 166	Housekeeping-Maii	ntained Free of Hazards	C 166			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.					
	maintained free of I maintenance was naffect all residents, broken and left whe Findings on July 21 a. Entire Building ceiling tiles were ajuthe ceiling grid. b. Kitchen - there ceiling tile around the corridor closet was tiles in this area. d. Bedroom 1 Bat mounting brackets	ervation, the Building was not nazards, because general not being done. This could staff and visitors if items are ere they could injure all., 2016: - many of the acoustical ar, and not properly seated in were missing acoustical ne hood extinguishing tank. The property seated in missing its acoustical ceiling throom - the towel bar's were left attached to the wall				
	could get hurt on. e. Bedroom 1 Bat mounting brackets	d rough edges, which someone hroom - the toilet paper's were left attached to the wall d rough edges, which someone				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	ULTIPLE CONSTRUCTION (X3) DATE COMP		SURVEY LETED
		HAL055004	B. WING		07/2	1/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
NORTH I	BROOK REST HOME			III SHCOOL ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 166	mounting brackets exposing sharp and could get hurt on. g. Group Bathroom bar's mounting brack wall exposing sharp someone could get h. Bedroom 1 - the the acoustical ceilin i. Bedroom 3 - the corridor had a stain j. Bedroom 5 - the the acoustical ceilin k. Cross-Corridor	hroom - the toilet paper's were left attached to the wall I rough edges, which someone in near Kitchen - the towel ckets were left attached to the orand rough edges, which hurt on. The corridor closet had a hole in the second closet from the ed acoustical ceiling tile. The corridor closet had a hole in the ed acoustical ceiling tile.	C 166			
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the ex which shall not app This Rule is not me 1. Based on obse emergency equipm safe and in operatir residents, staff and	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) ly to existing facilities.	C 189			

Division of Health Service Regulation

DIVISION OF FIGARITY SERVICE IN	zgulation			1	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND I LAN OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:	01	COIVII	LLILD
		B 14/11/0			
	HAL055004	B. WING		07/2	1/2016
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NORTH BROOK BEST HOME	1611 NOF	TH BROOK	III SHCOOL ROAD		
NORTH BROOK REST HOME	VALE, NO	28168			
PREFIX (EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189 Continued From pa	ige 5	C 189			
emergency. Findings on July 21 a. Cross-Corridor sign was partially ill making it difficult to signs must be fully complete informatio egress. b. Front Entrance normal power. c. Intersection of Corridor - the exit s power. 2. Based on obse maintained in a saf failing to ensure that done without the us knowledge or effort and visitors if some Findings on July 21 a. Right Exit Door took special effort t 3. Based on obse was not being main Findings on July 21 a. Bedroom 5 - a plug into an extens b. Manager Bedro was plug into an ex 4. Based on obse safety was not main condition. This cou visitors to fire/smok compartment of ori Findings on July 21	, 2016: Doors - the self-luminous exit luminated on normal power read the word "EXIT". Exit illuminated to convey on related to the means of - the exit sign did not work on Front Corridor and Main sign did not work on normal revation, the Building was not e and operating condition, by at egress from all areas can be se of keys, tools or, special to This could affect some staff one becomes trapped inside. The panic hardware device of operate (strength). The panic hardware device of operate (strength). The vation, the electrical system stained safe. The panic hardware device of operate (strength). The vation operating the staff and the staff and operating and expose residents, staff and the if not contained in Room or gin				

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
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C 189	Continued From pa		C 189			
	the thermostatic no	m - there was a hole above t firestop as it penetrate the d wall assembly, allowing the moke.				
	 5. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on July 21, 2016: a. Med Room - the door was equipped with 2 hasp hardware devices and padlocks without override devices. b. Pool Table Room - the Restroom was equipped with a barrel bolt on the outside. 					
C 199	Exhaust Ventilation		C 199			
	provided with exhautwo cubic feet per requirement does no before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the extension of the cubic feet per requirement of the cubic feet per requiremen	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed with natural ventilation in ces: rage; toilet rooms;				

Division of Health Service Regulation STATE FORM

6899 6Y4F21 If continuation sheet 7 of 8

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C 199	This Rule is not med 1. Based on Obserplastic sheet, the far ventilation system is could affect all residual preventing the exhapper shadings on July 21 a. Bedroom 1 - the system did not work and the light units lib. Bedroom 2 - the	et as evidenced by: ervation and testing with a thin acility failed to maintain the n proper working order. This dents, staff and visitors by austing of odors. , 2016: e local exhaust ventilation k, allowing a build-up of odors	C 199			

6899

Division of Health Service Regulation STATE FORM